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ABSTRACT

Undergraduate students' educational needs concerning Acquired Immune Deficiency Syndrome (AIDS) and the faculty role in AIDS education are discussed. Results of a study at the Ursinus College (Pennsylvania) campus to assess both knowledge of and attitudes toward AIDS are summarized. Seventy-three percent of the 141 Introductory Psychology students sampled, reported moderate to extreme interest in learning more about AIDS. Although 98% of the sample reported learning much of what they knew about AIDS through the media, a fifth reported that the college staff had increased their understanding of this illness. Faculty can augment the Office of Student Life's educational programs by staying informed of new findings, allowing advisees to express their concerns about AIDs, and referring students to additional information sources. In addition, the classroom provides another forum to educate students about human sexuality; the AIDS problem can be used to illustrate various concepts in different courses. For example, a biology lecture could deal with viruses and a political science discussion could address minority rights or mandatory testing. (SW)

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1987

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It's been a decade since the AIDS virus was first present in this country...six summers since AIDS had a name. At first, for most of us, AIDS was someone else's problem...a tragic illness that evoked our distant sympathy. Now, it is crucial for us all to accept the fact that it is already touching lives close to us, if not yet our own...and sadly, we need to prepare for its growing intrusion into our academic community. That preparation requires:

1. accurate, up-to-date information about AIDS and how to curb its spread
2. the motivation to make any appropriate behavioral changes to reduce our own risk
and
3. a willingness and ability to share this information with others constructively.

Today I'm going to focus briefly on this third thing...teaching about AIDS. With no cure in sight, education aimed at prevention is our only means of limiting the devastation of AIDS.

Our students are an important target for AIDS education. College students have high levels of sexual activity and a high potential for multiple sexual partners. Although the number of college students known to be infected is still small, (and those cases have primarily been in N.Y. and Calif, at large, metropolitan schools), this seems largely due to the young age of this group and the fact that fullblown cases of AIDS typically take a while to develop. It is estimated that 30,000 US students are already seropositive.

The sexual practices of college students must be modified, if they are to protect themselves against AIDS exposure, which might not become manifest until years after their graduation.

Undergraduate students' AIDS educational needs

Do we really need to promote greater AIDS awareness among college students? Haven't the media done enough?

Very little research has focused on the penetration of educational messages about AIDS in college students. In order to clarify students' information gaps, I conducted a study on the Ursinus College campus this past spring, to assess both knowledge of and attitudes toward AIDS, using 141 Introductory Psychology students. I was also interested in self reported risk reduction behavior among students.

Let me give you some of the highlights of my findings:

The students did quite well on many objective items assessing operational knowledge of the disease (item content here reflected such things as lethality, primary modes of transmission, warning signs, and the relationship to opportunistic infections). For example, 97% knew that AIDS is transmitted via blood-to-blood or sexual contact. 98% knew that it is not limited to homosexual and IV drug using groups.

This sample didn't get all the objective items correct, however. Over one half of the students did not know that they could contract AIDS from an asymptomatic carrier. This information gap is especially serious because it allows students to delude themselves...they may believe that they are protected because they have every intention of limiting themselves to "safe sex" in the event they meet someone in the throes of fullblown AIDS! Obviously this is not enough.

Students need to realize that symptom-free AIDS virus carriers pose greater risks of contagion than those with AIDS symptoms, because the AIDS patient's T4 cells (the white blood cells that "house" the virus) have been depleted by their illness, rendering them less infectious to others. We need to impress upon our students the need to take precautions with everyone who might have ever had intimate sexual or blood-to-blood contact with an AIDS carrier.

Twenty-eight of these students did not believe there was anything they could do to prevent exposure to AIDS. 70% reported that they had made no behavioral changes since hearing about AIDS; 47% intend to make no behavioral changes to reduce their risks of infection in the future. Only 25% said they planned to start using condoms. This is of obvious concern, because the initial resolve to use condoms is really only an important first step in the process that culminates in their actual use. Recognizing that safety dictates use of condoms during intercourse, and talking to your sexual partner about using them are two very different things.

Our students are still learning how to negotiate sexual relationships...how to communicate preferences to partners and how to make responsible choices mutually. Their track record for contraceptive use isn't impressive...open discussions about safe sex are even tougher. Young women seem to have an especially difficult time urging condom use, because of their fears of endangering the relationship or appearing selfish. We have to help our students to stop denying their own vulnerability and get them to take greater personal responsibility in this as in other areas.

While we want to do everything in our power to foster prudent conduct, we need to work simultaneously to curb

irrational fears of AIDS contagion among our students. 35% of this student sample believed you could contract AIDS by sharing drinking cups with an infected person. It may be easier for them to spend time thinking about getting AIDS through casual contact (something which the evidence suggests is impossible) than to address the difficult task of changing behavior or speaking candidly about sex. We need to help reduce this phobic overreaction by providing accurate information as it becomes available. For example, we can tell students about a recent household study conducted at Montifiore Hospital in N.Y., which tracked family members living with AIDS patients. This study found that none of the cohabitants seroconverted as a result of casual forms of contact, which included sharing razors and even toothbrushes!

In my study I found that the most "phobic" students were more likely to "blame the victim" and use distancing and depersonalizing strategies when considering AIDS. They were more likely to associate AIDS solely with high risk groups. Maybe if we ease their irrational fears a bit, we can help make them more understanding and supportive of patients with AIDS. Furthermore, by monitoring our own phobic tendencies, we can prevent ourselves from communicating panic and misinformation to our students.

Faculty Role in AIDS Education

What role can the faculty and staff play in increasing students' understanding of AIDS?

Our students say they want to learn more about AIDS. In my study, only 3% said they were not at all interested; 73% reported moderate to extreme interest!

Although 98% of the students sampled learned much of what they know about AIDS through the media, a fifth reported that the college staff had increased their understanding of this illness. The Office of Student Life has offered educational programs in the past, and intends to expand those offered to this year's freshmen.

Faculty can augment these efforts in varied ways. Staying abreast of new findings will help us dispel myths. Allowing advisees to air any concerns they may have about AIDS can help; referring them to additional information sources may also be appropriate.

The classroom provides, of course, another forum. Obviously, human sexuality courses should have a section on AIDS, but consideration of this problem can be integrated into many courses. If you aren't doing this already, you might consider using the AIDS problem to illustrate various concepts in your classes...for example:

...a Biology lecture dealing with viruses or immunology
...a PoliSci discussion of minority rights or mandatory testing
...a Philosophy course could examine the mire of ethical dilemmas posed by AIDS
...Business and Economics courses could examine projected health care costs; stock market responses to pioneering drug companies; employer policies regarding workers with AIDS; or even condom marketing strategies
...Communications courses can look at the media's efficacy in informing and persuading
...Statistics courses could consider risk projections
...Modern Language courses could include mention of the fact that after the U.S., France and then Germany have the greatest number of current AIDS cases. Different cultures' responses to this epidemic could be compared.

For those of you that were around a couple of years ago for the "Writing across the curriculum" concept, I know this is sounding like I'm advocating "AIDS ACROSS THE CURRICULUM." And, in a way I am, because I believe that we need to get students thinking about AIDS and what it will mean to their lives and their society. By discussing AIDS openly within our classes, we'll help to create a climate which will enable freer communication about AIDS among students.

So much that is conveyed about AIDS highlights our ignorance - the inadequacies of our technology...Perhaps in our contacts with students we should emphasize instead the idea that we now know enough to prevent another person from ever contracting AIDS...that we simply need to implement what we already know to curb this thing. There really aren't any doubts about how AIDS is passed, and we can prevent its transmission with relatively minor behavioral concessions.

AIDS education can relieve our phobia and the avoidance it engenders, and in its place leave prudence and compassion...and the ability to protect ourselves without unnecessarily isolating those that need our help. A college's ability to deal with its first AIDS case rationally could be very instructive for students. It can help to affirm an institution's values and it's acceptance of the obligation to respect the rights of all students.

Our educational approach to AIDS should help to empower all of us in two ways. First, it should allow us to respond more optimally to our own safety needs. And second, it should help us respond more effectively to the needs of others...and allow us to reach out and care for those with AIDS, unfettered by groundless personal fears.

These two aims, helping ourselves and helping others, really operate in tandem in this case. Without the willingness to acknowledge the suffering of AIDS patients and to stay involved when those close to us may get sick and need our

support, it becomes very easy to forget and deny this problem and our own personal risk...which reduces the motivation to be careful. Those who have experienced AIDS personally are far more likely to pursue risk reduction strategies in their own lives. Furthermore, if we respond to AIDS patients with fear and loathing, we will through our intolerance compel their dishonesty...which increases our own personal risk.

A college could try to hide from AIDS; pretend that its sufferers can be ignored; become the first institution of higher learning to use AIDS screening tests in Admissions as a selling point to phobic parents who wish this issue would disappear...But I'm reasonablyconfident that none of us really want to see irrational inclinations and fears guide us with this one.